

Commonwealth of Kentucky
 EDUCATION PROFESSIONAL STANDARDS BOARD
 Division of Certification, 100 Airport Road, 3rd Floor
 Frankfort, KY 40601
 Telephone (502) 564-4606 (888) 598-7667 www.kyepsb.net

College/University Course Analysis for use on HOUSSE Index

Read instructions before completing application. Incomplete application will delay processing.
 Send complete materials and required fee to any participating institution below.

A \$96 FEE MUST ACCOMPANY THE APPLICATION MADE PAYABLE TO THE UNIVERSITY CONDUCTING THE ANALYSIS.		
Make cashier's check or money order payable to a College/University below: Submit application and fee to one (1) of the Colleges or Universities listed on this form.		
Eastern Kentucky University Office of Teacher Admission & Certification 521 Lancaster Avenue, Combs 423 Richmond, KY 40475	Morehead State University Teacher Certification Office 801 Ginger Hall Morehead, KY 40351	Murray State University Teacher Education Services 2101 Alexander Hall Murray, KY 42071-3340
Northern Kentucky University BEP 263 Nunn Drive Highland Heights, KY 41099	Western Kentucky University Office of Teacher Services 408 Tate Page Hall 1 Big Red Way Bowling Green, KY 42101	

A. PERSONAL INFORMATION TO BE COMPLETED BY APPLICANT (type or print)

Social Security #	E-Mail Address	Telephone(Day/Evening/Mobile)
Last Name	First Name	Middle or Maiden Name
Mailing Address	City	State
		Zip
Date of Birth	Current Certification(s)	Sex: M or F (please circle one)

B. PREPARATION TO BE COMPLETED BY APPLICANT (type or print).

Requested Certification Content Area 1: _____ LEVEL: _____

Course Number/Title	Hours	University Attended	Please check if attached			Hours Approved (Office Use Only)
			Transcript	Catalog Description	Course Syllabus	
_____	_____	_____				
_____	_____	_____				
_____	_____	_____				
_____	_____	_____				
_____	_____	_____				
_____	_____	_____				
TOTAL (Completed by staff)						

Applicant Notes: (Attach additional sheet if necessary)

Requested Certification Content Area 2: _____ LEVEL: _____

Please check if attached

Course Number/Title	Hours	University Attended	Transcript	Catalog Description	Course Syllabus	Hours Approved (Office Use Only)
TOTAL (Completed by staff)						

Applicant Notes: (Attach additional sheet if necessary)

The information submitted is accurate to the best of my knowledge. Supplying inaccurate or false information would constitute a violation of the Code of Ethics and could result in action against my certificate. Further, I understand that submitting materials and paying the fee is for analysis of transcripts and does not guarantee acceptability of submitted courses.

Applicant's Signature: _____ Date: _____

C. TO BE COMPLETED BY EPSB-CONTRACTED UNIVERSITY OFFICIAL

Staff Comments/Rationale:

Certification Area 1: _____ Hours: _____ Certification Area 2: _____ Hours: _____

College/University

Signature and Title

Telephone Number

I verify that the official transcript(s) was/were reviewed and verify core content classes and credit hours in the area(s) in which certification are being sought. The College or University, operating as an agent for EPSB has conducted a transcript analysis for the candidate and does not verify or endorse a candidate's skills, knowledge or dispositions for teaching.

CC: EPSB Originals

Candidate-Copy of TCHQ-CA

File Copy of TCHQ-CA

University Seal